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**Matthew Brune**  
Administrative Coordinator

TEL: (720) 888-0963  
FAX: (720) 888-1680  
Matthew.brune@Level3.com

October 15, 2010

Public Service Commission of SC  
Docketing Department  
Post Office Drawer 11649  
Columbia, South Carolina 29211

**Re: Authorized Utility Representative Form**

Dear Public Service Commission of SC,

Level 3 Communications, LLC and subsidiaries WilTel Communications, LLC, Broadwing Communications, LLC and TelCove Operations, LLC respectfully submits its Authorized Utility Representative Form.

Enclosed please find 4 copies of this form. Should you have any questions regarding this correspondence, please do not hesitate to contact me at the information above.

Sincerely,

A handwritten signature in cursive script that reads "Matthew Brune".

Matthew Brune



Telephone Number

Facsimile Number

E-mail Address

F.

Emergencies

**Emergencies** (During non-office hours)

1-877-253-8353

/ N/A

/ N/A

Telephone Number

Facsimile Number

E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G.

Gregory Diamond

**Regulatory Officer** (Include address if different than above.)

720-888-3148

/720-888-5134

/Gregory.Diamond@Level3.com

Telephone Number

Facsimile Number

E-mail Address

H.

N/A

**Dual Party Mailings** (Name)

N/A

Mailing Address

N/A

/ N/A

/ N/A

Telephone Number

Facsimile Number

E-mail Address

I.

N/A

**Interim LEC Fund Mailings** (Name)

N/A

Mailing Address

N/A

/ N/A

/ N/A

Telephone Number

Facsimile Number

E-mail Address

J.

Ed Baumgardner

**Universal Service Fund Mailings** (Name)

712 N Main St. Coudersport, PA 16915

Mailing Address

814-260-2416

/ N/A

/Ed.Baumgardner@Level3.com

Telephone Number

Facsimile Number

E-mail Address

K.

Ed Baumgardner

**Gross Receipts Mailings** (Name)

712 N Main St.

Mailing Address

814-260-2416

/ N/A

/Ed.Baumgardner@Level3.com

Telephone Number

Facsimile Number

E-mail Address

L.

N/A

**Lifeline Mailings** (Name)

N/A

Mailing Address

N/A

/ N/A

/ N/A

Telephone Number

Facsimile Number

E-mail Address

Matthew Brune

This form was completed by (print name)

Signature

Administrative Coordinator

Title

10/5/2010

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
 Post Office Drawer 11649  
 Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
 1401 Main Street, Suite 900  
 Columbia, South Carolina 29201

(Rev. PSC 01/2010)